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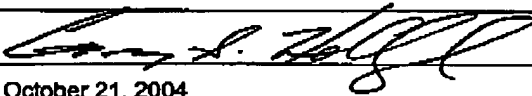
\*PROFESSIONAL CORPORATION  
\*\*REGISTERED PATENT AGENT

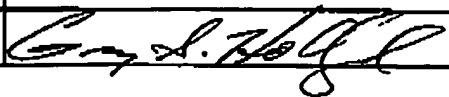
## FACSIMILE COVER PAGE

<b>DATE:</b> October 21, 2004		<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>OCT 21 2004</b>
<b>PTO IDENTIFIER:</b>	Application Number 10/714,250 Patent Number Inventor: DOHAN	
<b>TO:</b> Mail Stop AF <b>FAX NUMBER:</b> 703-872-9306		
<b>FROM:</b> Greg S. Hollrigel <b>PHONE:</b> 949-450-1750 <b>Attorney Dkt. #:</b> 10014.0001US		
<b>PAGES (Including Cover Sheet):</b> <u>16</u>		
<b>CONTENTS:</b> 1. Transmittal form (1 page); 2. Fee Transmittal (1 pages in duplicate); and 3. Response to Office Action (12 pages).		
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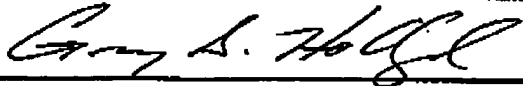
<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/714,250
		Filing Date	November 14, 2003
		First Named Inventor	DOHAN
		Group Art Unit	3765
		Examiner Name	HALE, G.M.
Total Number of Pages in This Submission	16	Attorney Docket Number	10014.0001US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) 1. Facsimile Cover Page.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Greg S. Holtrigel Registration No. 45,374
Signature	
Date	October 21, 2004

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 703-872-9306, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Greg S. Holtrigel	
Signature		Date October 21, 2004

<b>FEE TRANSMITTAL for FY 2005</b> <small>Patent fees are subject to annual revisions.</small>				<i>Complete if Known</i>																																																																																																																																																																																																																																													
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<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">13-5135</span> Deposit Account Name: <span style="border: 1px solid black; padding: 2px 20px;">Greg S. Hollrigel</span> The Commissioner is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) associated with this communication <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																																																																													
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<b>SUBMITTED BY</b> Name (Print/Type) <span style="border: 1px solid black; padding: 2px 20px;">Greg S. Hollrigel</span>				Registration No. (Attorney/Agent) <span style="border: 1px solid black; padding: 2px 20px;">45,374</span>																																																																																																																																																																																																																																													
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Signature: 				Date: October 21, 2004																																																																																																																																																																																															

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CENTRAL FAX CENTER

OCT 21 2004

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 10/714,250 Confirmation No. 2472  
Applicant : DOHAN  
Filed : November 14, 2003  
Title : REUSABLE ADHESIVE BODY APPAREL  
  
TC/A.U. : 3700/3765  
Examiner : HALE, G.M.  
  
Docket No. : 10014.0001US  
Customer No. : 31495

**Mail Stop AF**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being transmitted via facsimile to  
Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA  
22313-1450, to fax number 703-872-9306, on the date indicated below.

Date: 10/21/04  
By: Greg S. Hollrigel  
Greg S. Hollrigel

**RESPONSE TO AUGUST 31, 2004 OFFICE ACTION**

Dear Sir:

This is in response to the August 31, 2004 Final Office Action issued by the United States Patent and Trademark Office regarding the above-identified application. A response to the Office Action is due November 30, 2004. This response is being submitted within TWO MONTHS from the mailing date of the Final Office Action. Please amend the subject application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.